

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
03-003

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1-1-03

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (a) (10) (A) (ii) (XI) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY \$
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A.

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Addendum pages 1-3 to Supplement 6 to Attachment 2.6-A.

10. SUBJECT OF AMENDMENT: Standards for Optional State Supplementary Payments.

Connecticut (03-003)
approved: 04/25/03
effective: 01/01/03

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Rita M. Pacheco

13. TYPED NAME: Rita M. Pacheco

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
March 17, 2003

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Robert Augeri

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/21/03

18. DATE APPROVED: 04/25/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/03

20. SIGNATURE OF REGIONAL OFFICIAL:

Richard R. McGreal

21. TYPED NAME:
Richard McGreal

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

State CT

Net Income Level Maximums Standards of Assistance Optional State Supplement		
<u>Living Arrangement</u>	<u>Individual</u>	<u>Couple</u>
Independent		
Level 1	\$564.10	n/a
Level 2	\$364.10	\$728.20
New Horizons		
Unshared	\$1473.00	N/A
Shared with unrelated person	\$1405.10	N/A
Shared with related person	\$1473.00	\$3129.00, one eligible member
		\$2946.00, two eligible members
Domiciliary	\$1565.30	\$3221.30, one eligible member
		\$3130.60, two eligible members

For independent living arrangements, the standard of assistance includes a fixed amount for personal needs of \$164.10, and an allowance for shelter. The shelter component of the standard is the actual cost, as paid, up to the specific maximums of \$400.00 for Level 1 and \$200.00 for Level 2.

For the New Horizons living arrangement, the standard of assistance includes a fixed amount for personal needs of \$130.40, and an allowance for the charge to the individual for shelter set by the Department in accordance with State law. The maximum standards of assistance for the New Horizons living arrangement are \$1473.00, for an individual living alone or with a related person, \$1405.10 for an individual living with an unrelated person, \$3129.00 for a couple with one eligible member, and \$2946.00 for a couple with two eligible members.

TN# 03-003
Supersedes
TN# 02-002

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State CT

For domiciliary living arrangements, the standard includes a fixed amount for personal needs of \$28.90, and an allowance for the charge to the individual for room and board set by the Department in accordance with State law. The maximum standards of assistance for domiciliary living arrangements are \$1565.30 for an individual, \$3221.30 for a couple with one eligible member, and \$3130.60 for a couple with two eligible members.

These limits are the maximum standards, except in unusual circumstances where certain special needs are included in the need standard. These special needs are generally authorized on a non-recurrent basis. The eligibility requirements and limitations of the special needs are set forth in detail in the Uniform Policy Manual, Chapter 4525.

The following special needs have fixed amounts:

Meals on Wheels	\$4.43 per diem (1) meal per day \$8.09 per diem (2) meals per day
Purchase of Essential Clothing; Purchase, Repair or Replacement of Essential Household Items	As described in Chapter 4500, Appendix I of the Uniform Policy Manual
Restaurant and Congregate Meals	\$36.20 per mo. per person residing in permanent housing in the community \$7.80 per day per person residing in emergency housing
Security Deposit - Heating Service	Amount charged to the person up to a maximum of \$200.00 for equipment only
Telephone Installation	Standard residential line service connection charge; one-time product charge for telephone rental up to a maximum of \$5.00; cost of labor up to a maximum of \$23.00; cost of one telephone jack, up to a maximum of \$4.00
Therapeutic Diet	\$36.20 per month per person

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State CT

The following special needs are included in the assistance standard as needed for individuals whose gross income does not exceed the limit, up to the allowable maximum standards of assistance based on living arrangement. The maximum standards of assistance, including the special needs component are \$1473.00 for an individual living alone or with a related person, \$1405.10 for an individual living with an unrelated person, \$3129.00 for a couple with one eligible member, and \$2946.00 for a couple with two eligible members:

Emergency Housing	As described in Chapter 4500, Index 4525.05 page 3 of the Uniform Policy Manual.
Moving Expenses	As described in Chapter 4500, Index 4525.15 page 2 of the Uniform Policy Manual.
Refuse Collection Fee	As described in Chapter 4500, Index 4525.30 of the Uniform Policy Manual.
Security Deposit - Housing	As described in Chapter 4500, Index 4525.45 page 2 of the Uniform Policy Manual.
Storage Charges	As described in Chapter 4500, Index 4525.50 of the Uniform Policy Manual.

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